

THE KENTUCKY BOARD OF LICENSURE FOR PROFESSIONAL ART THERAPIST

PO Box 1360
Frankfort, Kentucky 40602
(502) 564-3296
<http://pat.ky.gov>

Licensed Professional Art Therapist Renewal Form

FEE: \$200.00

LIC NO: KY –

Your License Expires:

KRS Chapter 309.1335(1)(2) and 201 KAR 34:020(4)(5) requires each licensed Professional Art Therapist to renew his or her license every two (2) years. Your current license is now subject to renewal. **Failure to renew your license shall constitute sufficient cause for suspension of license and you must CEASE and DESIST the practice of Professional Art Therapy in Kentucky.**

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS (*Incomplete forms will be returned*):

- **Attach appropriate renewal fee with this form. DO NOT SEND CASH. All checks or money orders must be made payable to the Kentucky State Treasurer**
- **Renewals mailed on or before the license expiration date-\$200.00**
- **Renewals mailed within the 90 day grace period-\$250.00** (After the 90 day grace period you will have 90 days to reinstate your suspended license. You must submit a reinstatement form with payment of \$300.00 and proof of completion of 40 hours of continuing education obtained within the last twenty-four (24) months immediately preceding the date on which the request for reinstatement is submitted to the Board)
- **Complete the backside of this renewal application for CE credit. DO NOT attached documentation of CE unless you are audited. If you are audited you must attach proper documentation.**
- **Return this form and fee to the address listed above on or before your license expiration date. Any form which is returned due to incomplete or incorrect information will be subject to late penalties if not returned by the deadlines stated above.**

PLEASE COMPLETE THE FOLLOWING:

Name: _____ Social Security #: _____

Address: _____
Street or Box Number City State Zip

Present Business Name/Address: (**Only if different from mailing address**)

Street or Box Number City State Zip

Home Phone #: () _____ Business Phone #: () _____

Licensure Number: _____ Email: _____

Have you been convicted of a felony or misdemeanor since the last renewal of your license? _____ Yes _____ No

If yes, give details and attached documentation: (Use back of form if necessary.)

6. Has your licensure as a Professional Art Therapist in any other state been subject to disciplinary action? _____Yes _____No
If yes, give details and attach documentation: (Use back of form if necessary.) _____

CONTINUING EDUCATION INFORMATION

List below the hours of continuing education obtained, INCLUDING COMPLETE DATE AND HOURS OBTAINED. Incomplete forms will be returned: (DO NOT attach documentation unless you are audited. It is your responsibility to maintain all documentation.)

Course Name*	Dates Attended Month/Day/Year	Hours Earned

Total Hours _____

CERTIFICATION AFFIDAVIT

I, the license holder named above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my licensure could be subject to disciplinary action by the Kentucky Board of Licensure for Professional Art Therapists.

Applicant's Signature:_____ **Date:**_____
(Sign your name. Do not print or type)

Do Not Write Below This Line--For Board and Office Use Only

Date Processed_____

Total CE Hours Approved_____

P.V. No._____ **Verified By**_____